

Division of Disability and Rehabilitative Services 402 W. WASHINGTON STREET, P.O. BOX 7083 INDIANAPOLIS, IN 46207-7083 1-800-545-7763

To: Bureau of Developmental Disabilities Services waiver providers, individuals and stakeholders

From: Jessica Harlan-York, Director, Bureau of Quality Improvement Services

Re: Provider Reverification Process (formerly titled Reapproval)

Date: January 9, 2020

As part of its responsibility to monitor waiver services to individuals with intellectual and developmental disabilities, the Bureau of Quality Improvement Services validates providers through our authority/obligation under 460 IAC 6. Further, the Centers for Medicare and Medicaid Services requires States address a variety of assurances and sub-assurances as part of their Home and Community-Based Services Waiver programs. One such sub-assurance includes a requirement that "the State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing services." (Instructions: Version 3.6 HCBS Waiver Application, CMS, p. 125).

In response to feedback from providers that the current process was too onerous and duplicative, BQIS convened a work group that included the Indiana Association of Rehabilitation Facilities, Inc. and the Arc of Indiana, along with several provider representatives, to review the current process with two primary goals:

- ensure greater clarity in terms of the differences between provider reverification for accredited versus non-accredited organizations, and
- for accredited organizations more narrowly tailoring our reverification process to address specific needs tied to the obligations noted above.

Based on feedback from this work group, the current Provider Reapproval for Waiver Services policy (BDDS 460 0316 042) will be rescinded. The process has been retitled reverification, and **two new policies one pertaining to providers of accredited services and one for providers of non-accredited services, will become effective on February 9, 2020**. Both policies are listed below and are available on the DDRS Policies webpage:

- Provider reverification for accredited waiver services
- Provider reverification for non-accredited wavier services

For accredited organizations, BQIS will place greater emphasis on reviewing the accreditation documents to re-verify a provider.

Also, every year, all providers (accredited and non-accredited services) will be reviewed to ensure a provider of accredited and non-accredited services is "fit for business" by checking business records including the following:

Confirmation of provider location(s), contact information and BDDS approved services;



- 2. Provider's current organizational chart;
- 3. Indiana Secretary of State documentation;
- 4. The financial information required by 460 IAC 6-11-2 and 6-11-3;
- 5. Provider's insurance documentation;
- 6. A copy of the annual satisfaction survey of individuals receiving services from the provider, including records of findings and documentation of efforts (or planned efforts) to improve service delivery in response to the surveys, according to 460 IAC 6-10-10;
- 7. All policies created or updated since its last reverification with substantive revisions since the previous year; and
- 8. Annual accreditation status report (if applicable).

In terms of these records, it is important to note that the requirement related to the satisfaction surveys is to see evidence that the surveys have been completed and to understand how the provider is using the survey results in their efforts to improve service delivery. As another point of clarification, the requirement to share updated or new policies is merely a review to ensure it is consistent with Bureau of Developmental Disabilities Services' current policies and procedures.

Lastly, BQIS will review data associated with specific complaint investigations, incident reports, mortality reviews, and satisfaction surveys similar to the current process. This review is twofold – one, BQIS has received feedback that the data shared through this review is useful to providers and two, an accreditation body would not delve deep into specific complaint investigations, incident reports, mortality reviews, and satisfaction surveys. This review will take place every four years for accredited organizations and every two years for non-accredited organizations.

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